FACILITY NAME AND PERMIT NUMBER:	Fo
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(A 0000 4	

FACI VA92	LITY NAME AND PE 061	RMIT NUMBER:			Form Approved 1/14/99 OMB Number 2040-0086
BA	SIC APPLICA	TION INFORMATION			
PAR	T A. BASIC APPL	ICATION INFORMATION FOR AL	L APPLICAN	TS:	
Ali tr	eatment works mus	t complete questions A.1 through A.8	of this Basic A	pplication information pag	ket.
A.1.	Facility Information	1.			
	Facility name	NORTHUMBERLAND MIDDLE/HI	GH SCHOOL	WWTP	
	Mailing Address	P.O. BOX 129. HEATHSVILLE, VA	A 22473		
	Contact person	LEE BOWLES			
	Title	OPERATOR/MANAGER			
	Telephone number	(804) 453-3600			
	Facility Address (not P.O. Box)	201 ACADEMIC LANE, HEATHS\	VILLE, VIRGIN	IIA 22473	
A.2.	Applicant Informat	ilon. If the applicant is different from the	above, provide	the following:	
	Applicant name	NORTHUMBERLAND COUNTY			
	Mailing Address	P.O BOX 129 HEATHSVILLE, VA	22473		
	Contact person	E, LUTTRELL TADLOCK			
	Title	ASSISTANT COUNTY ADMINIST	RATOR		
	Telephone number	(804) 580-7666			
	Is the applicant the	e owner or operator (or both) of the tre	eatment works?	•	
	owner Indicate whether on	operator rrespondence regarding this permit shou	eld ha directed to	the facility or the applicant	
	facility	applicant	iiu de dilecteu it	the racinty of the applicant.	
A.3.	Existing Environm works (include state	ental Permits. Provide the permit numberssued permits).	per of any existin	ng environmental permits that	at have been issued to the treatment
	NPDES VA0092	061		PSD	
	UIC			Other	
	RCRA			Other	
A.4.	Collection System each entity and, if k etc.).	Information. Provide information on monom, provide information on the type of	unicipalities and collection syste	areas served by the facility. m (combined vs. separate) a	Provide the name and population of and its ownership (municipal, private,
	Name	Population Served	Туре	of Collection System	Ownership
	NORTH'D MIDDL	_E/HIGH 1,050 STUDENTS	SEP.	ARTATE	COUNTY
	Total no	opulation served 1.050			

A.5. Indian Country. a. is the treatment works located in Indian Country?	FACII	LITY NAME A	AND PERMIT NUI	MBER:						Form Approved	
a. Is the treatment works located in Indian Country? Yes	/A920	061								ONB Number	2040-0086
Does the treatment works discharge to a receiving water that is either in Indian Country or that is upstream from (and eventually flows through) Indian Country? Yes	A.5.	Indian Coun	try.	-							
Does the treatment works discharge to a receiving water that is either in Indian Country or that is upstream from (and eventually flows through) Indian Country? Yos		a Is the tre	atment works loc:	ated in Indian	Country?						
b. Does the treatment works discharge to a receiving water that is either in Indian Country or that is upstream from (and eventually flows through) inclan Country?		a. Is the to		,	•						
through) Indian Country? Yes		b. Does the				vater that is either	r in Indian Count	ry or that is ups	stream from	m (and eventua	lly flows
A.S. Flow. Indicate the design flow rate of the treatment plant (i.e., the wastewater flow rate that the plant was built to handle). Also provide it average daily flow rate and maximum daily flow rate for each of the last three years. Each year's data must be based on a 12-month time period with the 12th month of "this year" occurring no more than three months prior to this application submittal. a. Design flow rate		through)	Indian Country?	alconargo to c	. 1000,11119	tator triat to ottrio	in indian oddin	ry or anacio apo	3. Cam 11 01	ii (aila availtaa	, 110110
average daily flow rate and maximum daily flow rate for each of the last three years. Each year's data must be based on a 12-month time period with the 12th month of "this year" occurring no more than three months prior to this application submittal. a. Design flow rate			Yes	N	0						
b. Annual average daily flow rate	A.6.	average daily	y flow rate and ma	aximum daily f	low rate for	each of the last th	ree years. Eacl	n year's data m	ust be bas		
b. Annual average daily flow rate		a. Design fl	ow rate	.016 _{mg}	d						
A.7. Collection System. Indicate the type(s) of collection system(s) used by the treatment plant. Check all that apply. Also estimate the percontribution (by miles) of each. Separate sanitary sewer 100 % Combined storm and sanitary sewer 8. Discharges and Other Disposal Methods. a. Does the treatment works discharge effluent to waters of the U.S.? Yes No If yes, list how many of each of the following types of discharge points the treatment works uses: Discharges of treated effluent 1. Combined sewer overflow points 1. Constructed emergency overflows (prior to the headworks) 0. Uniter No Other No. Does the treatment works discharge effluent to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the U.S.? Yes No If yes, provide the following for each surface impoundment: Location: Annual average daily volume discharged to surface impoundment: Location: Number of acres: Annual average daily volume applied to site: Number of acres: Annual average daily volume applied to site: Location: Number of acres: Annual average daily volume applied to site: Location: Number of acres: Annual average daily volume applied to site: Location: Number of acres: Annual average daily volume applied to site: Location: Number of acres: Annual average daily volume applied to site: Location: Number of acres: Annual average daily volume applied to site: Location: Number of acres: Annual average daily volume applied to site: Location: Number of acres: Annual average daily volume applied to site: Location: Number of acres: Annual average daily volume applied to site: Location: Number of acres: Annual average daily volume applied to site: Location: Number of acres: Annual average daily volume applied to site: Location: Number of acres: Annual average daily volume applied to site: Location: Number of acres: Annual average daily volume applied to site: Location: Number of acres: Annual average daily volume applied to site: Location: Number of					Two Ye	ars Ago	Last Year		This Ye	ear	
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contribution (by miles) of each. V Separate sanilary sewer 100 % Combined storm and sanitary sewer % A.8. Discharges and Other Disposal Methods. a. Does the treatment works discharge effluent to waters of the U.S.? If yes, list how many of each of the following types of discharge points the treatment works uses: i. Discharges of treated effluent ii. Discharges of untreated or partially treated effluent iii. Combined sewer overflow points iv. Constructed emergency overflows (prior to the headworks) v. Other b. Does the treatment works discharge effluent to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the U.S.? If yes, provide the following for each surface impoundment: Location: Annual average daily volume discharged to surface impoundment(s) Is discharge continuous or intermittent? c. Does the treatment works land-apply treated wastewater? Yes No If yes, provide the following for each land application site: Location: Number of acres: Annual average daily volume applied to site: Is land application continuous or intermittent?		c. Maximun	n daily flow rate			.006		.006		.00	6 mgd
A.8. Discharges and Other Disposal Methods. a. Does the treatment works discharge effluent to waters of the U.S.? If yes, list how many of each of the following types of discharge points the treatment works uses: i. Discharges of treated effluent ii. Discharges of untreated or partially treated effluent iii. Combined sewer overflow points iv. Constructed emergency overflows (prior to the headworks) v. Other b. Does the treatment works discharge effluent to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the U.S.? If yes, provide the following for each surface impoundment: Location: Annual average daily volume discharged to surface impoundment(s) If yes, provide the following for each land application site: Location: Number of acres: Annual average daily volume applied to site: Is land application	A.7.				collection sy	rstem(s) used by	the treatment pla	ant. Check all t	ihat apply.	Also estimate	the percent
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ii. Discharges of untreated or partially treated effluent iii. Combined sewer overflow points iv. Constructed emergency overflows (prior to the headworks) v. Other		If yes, lis	t how many of ea	ch of the follow	wing types o	f discharge point	s the treatment v	vorks uses:			
iii. Combined sewer overflow points iv. Constructed emergency overflows (prior to the headworks) v. Other		i. Discl	harges of treated	effluent						1	
iv. Constructed emergency overflows (prior to the headworks) v. Other		ii. Discl	harges of untreate	ed or partially	treated efflu	ent				0	
b. Does the treatment works discharge effluent to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the U.S.? If yes, provide the following for each surface impoundment: Location: Annual average daily volume discharged to surface impoundment(s) Is discharge continuous or intermittent? c. Does the treatment works land-apply treated wastewater? If yes, provide the following for each land application site: Location: Number of acres: Annual average daily volume applied to site: Mgd Is land application continuous or intermittent?		iii. Com	bined sewer over	flow points						0	
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impoundments that do not have outlets for discharge to waters of the U.S.? If yes, provide the following for each surface impoundment: Location: Annual average daily volume discharged to surface impoundment(s) Is discharge continuous or intermittent? c. Does the treatment works land-apply treated wastewater? Yes No If yes, provide the following for each land application site: Location: Number of acres: Annual average daily volume applied to site: Mgd Is land application continuous or intermittent? d. Does the treatment works discharge or transport treated or untreated wastewater to another		v. Othe)r							N/A	
impoundments that do not have outlets for discharge to waters of the U.S.? If yes, provide the following for each surface impoundment: Location: Annual average daily volume discharged to surface impoundment(s) Is discharge continuous or intermittent? c. Does the treatment works land-apply treated wastewater? Yes No If yes, provide the following for each land application site: Location: Number of acres: Annual average daily volume applied to site: Mgd Is land application continuous or intermittent? d. Does the treatment works discharge or transport treated or untreated wastewater to another											
If yes, provide the following for each surface impoundment: Location: Annual average daily volume discharged to surface impoundment(s)									Yes	✓	No
Annual average daily volume discharged to surface impoundment(s) mgd											_
Annual average daily volume discharged to surface impoundment(s) mgd		Location	:				Y				
c. Does the treatment works land-apply treated wastewater? If yes, provide the following for each land application site: Location: Number of acres: Annual average daily volume applied to site: Is land application continuous or intermittent? d. Does the treatment works discharge or transport treated or untreated wastewater to another		Annual a								mgd	
If yes, provide the following for each land application site: Location: Number of acres: Annual average daily volume applied to site: Is land application continuous or intermittent? d. Does the treatment works discharge or transport treated or untreated wastewater to another		ls discha	ırge	continuous	ОГ	intermittent	?				
If yes, provide the following for each land application site: Location: Number of acres: Annual average daily volume applied to site: Is land application continuous or intermittent? d. Does the treatment works discharge or transport treated or untreated wastewater to another				-						,	
Location: Number of acres: Annual average daily volume applied to site: Is land application continuous or intermittent? d. Does the treatment works discharge or transport treated or untreated wastewater to another				,					Yes		_ No
Number of acres: Annual average daily volume applied to site: Is land application continuous or intermittent? d. Does the treatment works discharge or transport treated or untreated wastewater to another		If yes, pr	ovide the followin	g for each lan	d application	n site:					
Annual average daily volume applied to site: Mgd Is land application continuous or intermittent? d. Does the treatment works discharge or transport treated or untreated wastewater to another		Location	:								
Is land application continuous or intermittent? d. Does the treatment works discharge or transport treated or untreated wastewater to another		Number	of acres:			11.1.11111					
d. Does the treatment works discharge or transport treated or untreated wastewater to another		Annual a	ıverage daily volu	me applied to	site:			Mgd			
		Is land a	pplication	contir	nuous or	interr	mittent?				
		d Does the	e treatment works	discharge or t	transport tre	ated or untreater	wastewater to s	nother		_	
treatment works? Yes ▼ _ No				alboridige of		and or annoutou			Yes		_ No

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	if yes, describe the mean(s) by which the wastewater from the treatment works is discharged or transported to the other treatment works (e.g., tank truck, pipe).	
	If transport is by a party other than the applicant, provide:	
	Transporter name:	
	Mailing Address:	
	Contact person:	
	Title:	
	Telephone number:	
	For each treatment works that receives this discharge, provide the following:	
	For each treatment works that receives this discharge, provide the following: Name: Mailing Address:	
	Name:	
	Name:	
	Name: Mailing Address:	
	Name: Malling Address: Contact person:	
	Name: Mailing Address: Contact person: Title:	
	Name: Malling Address: Contact person: Title: Telephone number:	gd

continuous or intermittent?

Description of method (including location and size of site(s) if applicable):

Annual daily volume disposed of by this method:

Is disposal through this method

FACI VA92		Y NAME AND PERM	IIT NUMBER:	Form Approved 1/14/99 OMB Number 2040-0086
V	VAS	TEWATER DISCHA	RGES:	
٧	vhict	n effluent is discharg	ed. Do not include information on	tions A.9 through A.12 once for each outfall (including bypass points) through a combined sewer overflows in this section. If you answered "no" to question Applicants with a Design Flow Greater than or Equal to 0.1 mgd."
A.9.	De	scription of Outfall.		
	a.	Outfall number	001	
	b.	Location	HEATHSVILLE	22473
			(City or town, if applicable) NORTHUMBERLAND	(Zip Code) VA
			(County)	(State)
			37 54' 32.77" N (Latitude)	76 26' 18.29" W (Longitude)
	Ç.	Distance from shore	e (if applicable)	N/A ft.
	d.	Depth below surfac	e (if applicable)	0 ft.
	e.	Average daily flow	` ', '	mgd
	f.	Does this outfall har periodic discharge?	ve either an intermittent or a	✓ Yes No (go to A.9.g.)
		If yes, provide the f	ollowing information:	
		Number of times pe	er year discharge occurs:	Approx twice a day_during_schoo
		Average duration of	f each discharge:	18minutes
		Average flow per di	scharge:	0025 mgd
		Months in which dis	scharge occurs:	85% Sept to June
	g.	Is outfall equipped v	with a diffuser?	Yes No
A.10	. De	scription of Receiv	ing Waters.	
	a.	Name of receiving v	water un-named tribut	ary to Crabbe Mill Stream
	b.	Name of watershed	(if known)	Great Wicomico - Plankatenk
		United States Soil (Conservation Service 14-digit water	ershed code (if known): unknown
	c.	Name of State Man	agement/River Basin (if known):	unknown
		United States Geole	ogical Survey 8-digit hydrologic ca	ataloging unit code (if known): HUC 0208 010 3
	d.	Critical low flow of r	receiving stream (if applicable): I/A cfs	chronic <u>N/A</u> cfs
	e.	•	eceiving stream at critical low flow	

FACILITY NAME AND PERMIT NUMBER: VA92061										n Approved 1/14/99 3 Number 2040-0086
A.11. Description of Tre	atment.						·L			***************************************
a. What levels of	treatment a	re provi	ded? Cl	heck all tha	it ap	ply.				
Pri	mary			✓ Se	con	dary				
Ad	vanced			Oth	ner.	Describe:				
b. Indicate the fol	lowing remo	oval rate	s (as a	pplicable):						
Design BOD _s r	Design $\mathrm{BOD}_{_{5}}$ removal $\underline{\mathrm{or}}$ Design $\mathrm{CBOD}_{_{5}}$ removal						95.8	1	%	
Design SS rem	ioval						96.7	•	%	
Design P remo	val						<u>95.5</u>	<u>, </u>	%	
Design N remo	val						94.0)	%	
Other							N/A		%	
c. What type of d	isinfection is	s used f	– or the e	ffluent from	ı thi	s outfall? If disir	nfection varies	s by season, pl	lease describe.	
If disinfection is	s by chlorina	ation, is	dechlor	rination use	ed fo	or this outfall?	-	√ Ye	es	No
d. Does the treate	ment plant ł	nave pos	st aerati	ion?			_	Ye	es	No
Outfall number:		92061				-				1440
PARAMET	ER		V	MUMIXAN	DAI	LY VALUE		AVE	RAGE DAILY VA	LUE
			٧	/alue		Units	Valu	е	Units	Number of Samples
pH (Minimum)			7.9 s.u.					3		
pH (Maximum)			8.5			s.u.		5	. .	
Flow Rate			.002	_	mg	gd				
Temperature (Winter)			17		С					
Temperature (Summer)			21		С					
* For pH please re POLLUTANT		1	AXIMU	imum daily M DAILY IARGE	val		E DAILY DIS	CHARGE	ANALYTICAL	ML / MDL
		Co	nc.	Units		Conc.	Units	Number of Samples	METHOD	
CONVENTIONAL AND N	IONCONVE	NTION	AL COI	MPOUNDS	i.					
BIOCHEMICAL OXYGEN	BOD-5									
DEMAND (Report one)	CBOD-5	<ql< td=""><td></td><td>MG/L</td><td></td><td><ql< td=""><td>MG/L</td><td>3</td><td>SM5210B</td><td></td></ql<></td></ql<>		MG/L		<ql< td=""><td>MG/L</td><td>3</td><td>SM5210B</td><td></td></ql<>	MG/L	3	SM5210B	
FECAL COLIFORM 2.2			N/cmL		2.2	N/cmL	3	SM9222D		
TOTAL SUSPENDED SOLIDS (TSS) <ql< td=""><td>MG/L</td><td></td><td><ql< td=""><td>MG/L</td><td>3</td><td>SM2540D</td><td></td></ql<></td></ql<>				MG/L		<ql< td=""><td>MG/L</td><td>3</td><td>SM2540D</td><td></td></ql<>	MG/L	3	SM2540D	
REFER TO THE	APPLI	CAT	ON (OVERV	ΊΕ	ID OF PAR W TO DET I MUST CO	TERMINE		OTHER PA	ARTS OF FORM

Form Approved 1/14/99 FACILITY NAME AND PERMIT NUMBER: OMB Number 2040-0086 VA92061 BASIC APPLICATION INFORMATION ADDITIONAL APPLICATION INFORMATION FOR APPLICANTS WITH A DESIGN FLOW GREATER THAN OR PART B. EQUAL TO 0.1 MGD (100,000 gallons per day). All applicants with a design flow rate ≥ 0.1 mgd must answer questions B.1 through B.6. All others go to Part C (Certification). B.1. Inflow and Infiltration. Estimate the average number of gallons per day that flow into the treatment works from inflow and/or infiltration. Briefly explain any steps underway or planned to minimize inflow and infiltration. B.2. Topographic Map. Attach to this application a topographic map of the area extending at least one mile beyond facility property boundaries. This map must show the outline of the facility and the following information. (You may submit more than one map if one map does not show the entire area.) a. The area surrounding the treatment plant, including all unit processes. b. The major pipes or other structures through which wastewater enters the treatment works and the pipes or other structures through which treated wastewater is discharged from the treatment plant. Include outfalls from bypass piping, if applicable. c. Each well where wastewater from the treatment plant is injected underground. d. Wells, springs, other surface water bodies, and drinking water wells that are: 1) within 1/4 mile of the property boundaries of the treatment works, and 2) listed in public record or otherwise known to the applicant. e. Any areas where the sewage sludge produced by the treatment works is stored, treated, or disposed. If the treatment works receives waste that is classified as hazardous under the Resource Conservation and Recovery Act (RCRA) by truck, rail, or special pipe, show on the map where that hazardous waste enters the treatment works and where it is treated, stored, and/or disposed. B.3. Process Flow Diagram or Schematic. Provide a diagram showing the processes of the treatment plant, including all bypass piping and all backup power sources or redundancy in the system. Also provide a water balance showing all treatment units, including disinfection (e.g., chlorination and dechlorination). The water balance must show daily average flow rates at influent and discharge points and approximate daily flow rates between treatment units. Include a brief narrative description of the diagram. B.4. Operation/Maintenance Performed by Contractor(s). Are any operational or maintenance aspects (related to wastewater treatment and effluent quality) of the treatment works the responsibility of a Yes ✔ No If yes, list the name, address, telephone number, and status of each contractor and describe the contractor's responsibilities (attach additional pages if necessary). Name: Mailing Address: Telephone Number: Responsibilities of Contractor: B.5. Scheduled Improvements and Schedules of Implementation. Provide information on any uncompleted implementation schedule or uncompleted plans for improvements that will affect the wastewater treatment, effluent quality, or design capacity of the treatment works. If the treatment works has several different implementation schedules or is planning several improvements, submit separate responses to question B.5 for each. (If none, go to question B.6.)

List the outfall number (assigned in question A.9) for each outfall that is covered by this implementation schedule.

Indicate whether the planned improvements or implementation schedule are required by local, State, or Federal agencies.

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__Yes ___

FACILIT	Y NAME AND PERN 1	NIT NUMBER:						oved 1/14/99 ber 2040-0086
С	If the answer to B.5	i.b is "Yes," briefi	y describe, inclu	ding new maximum	daily inflow	rate (if applicable	P).	
d.	Provide dates impos applicable. For imp applicable. Indicate	provements plant	ned independent	tly of local, State, or	of completion	on for the implem encies, indicate p	entation steps listed l lanned or actual comp	pelow, as pletion dates, as
			Schedule	Actua	ıl Completio	n		
	Implementation Sta	ige	MM / DD /	YYYY MM /	DD / YYYY			
	- Begin constructio	n						
	- End construction				/			
	– Begin discharge							
	 Attain operational 	l level						
e.				her Federal/State re		been obtained?	Yes	_No
sta po Ot	emods. In addition, to andard methods for a sillutant scans and mutifall Number:	analytes not addr ust be no more th	essed by 40 CF	R Part 136. At a mi	nimum, efflu	ent testing data r	propriate QA/QC request be based on at least	east three
		DISCH Conc.	IARGE Units	Conc	Units	Number of Samples	ANALŸTICAL METHOD	ML/MDL
	ITIONAL AND NON	CONVENTIONA	COMPOUND					1
		COMACHIONY	L COMPOUND.	7. T	•	<u> </u>		
	IA (as N)							
	NE (TOTAL AL, TRC)							
DISSOL	VED OXYGEN							
NITROG NITRATE NITROG	(JELDAHL EN (TKN) E PLUS NITRITE EN GREASE							
	IORUS (Total)							
	DISSOLVED							
OTHER								
REFI	ER TO THE A	PPLICATION	ON OVER	END OF PAI VIEW TO DET OU MUST CO	TERMIN		OTHER PART	S OF FORM

FACILITY NAME AND PERMIT	T NUMBER:			Form Approved 1/14/99 OMB Number 2040-0086
BASIC APPLICATION	N INFORMATION	V		
PART C. CERTIFICATION				
annifornia must complete all or	oplicable sections of Form 2 itting. By signing this certifi	2A, as explained in the A cation statement, application	ermine who is an officer for the purpose pplication Overview. Indicate below w ints confirm that they have reviewed F	NICH DAMS OF FORM ZA YOU
Indicate which parts of Form	2A you have completed	and are submitting:		
✓ Basic Application I	Information packet S	upplemental Application	Information packet:	
	_	Part D (Expande	l Effluent Testing Data)	
	_	Part E (Toxicity T	esting: Biomonitoring Data)	
	_	Part F (Industrial	User Discharges and RCRA/CERCLA	Wastes)
	-	Part G (Combine	d Sewer Systems)	
ALL APPLICANTS MUST CO	MPLETE THE FOLLOWIN	IG CERTIFICATION.		
designed to assure that qualified	ed personnel properly gathe ose persons directly respon plete. I am aware that ther	er and evaluate the infor	d under my direction or supervision in a mation submitted. Based on my inquir formation, the information is, to the bea s for submitting false information, inclu	y of the person of persons
Name and official title E.LU	UTTRELL TADLOCK, A		ADMINISTRATOR	<u> </u>
Signature	E. Lother 7.	-dlul-		_
Telephone number (804	4) 580-7666		ANY -	_
Date signed 11/0	03/2015			
Upon request of the permitting works or identify appropriate p	authority, you must submitermitting requirements.	it any other information r	ecessary to assess wastewater treatm	ent practices at the treatment

SEND COMPLETED FORMS TO: